9 COLORECTAL CANCER SCREENING

A. General Description

1. Covered Services

A. Screening Tests

All eligible men and women enrolled in the Montana Cancer Screening Program (MCSP) shall receive the following screening services for colorectal cancer, annually or as indicated:

- High Sensitivity Fecal Occult Blood Test (FOBT)
- High Sensitivity Fecal Immunochemical Test (FIT)
- Colonoscopy
- Bowel Preparation
- Office Visits related to the above tests
- Biopsy/polypectomy during colonoscopy
- Standard anesthesia for colonoscopy
- Pathology fees

B. Surveillance Colonoscopies

Surveillance is defined as periodic colonoscopy on a person who has a prior history of adenoma(s) or colorectal cancer for the purpose of removing polyps that were missed on the initial colonoscopy or that developed in the interval since the initial colonoscopy.

The timing of surveillance colonoscopy after polypectomy depends on the size, type, histology, number and completeness of polyp removal during the initial colonoscopy. Surveillance after surgical resection of colorectal cancer depends on whether the cancer resulted in obstruction of the bowel, and the presence of synchronous cancers or polyps on subsequent evaluations.

Recommendations for surveillance should follow guidelines in CRC Screening Algorithm Appendix J.

See www.cancer.mt.gov for a complete list of screening and diagnostic procedures and reimbursement rates.

Please note that MCSP funds may not be used for treatment services.

2. Enrollment and Screening Steps

a. Determine whether a person is eligible for services, either by telephone or an

in-person interview**.** ◆❖

b. Complete MCSP enrollment forms, paying particular attention to the following: ◆❖

- Ensure that each client signs an "Informed Consent and Authorization to Disclose Health Care Information." This form must be signed before any services can be provided.
- Ensure that screening history and risk assessment are completed.

c. Determine which screening services a client needs. ◆❖

d. Perform appropriate screening and refer the client for diagnostic tests in accordance with the algorithms approved by the MCSP (see Appendix J). Diagnostic tests will be eligible for MCSP reimbursement only if recommended and referred by an enrolled medical service provider. ❖

e. Notify <u>all</u> clients of <u>all</u> test results. ❖

f. If results are abnormal, conduct appropriate tracking and follow-up (see Part D, "Tracking and Follow-up" later in this chapter). ◆❖

g. Send rescreening reminders to <u>all</u> clients. ◆❖

3. Reimbursement □

The MCSP will reimburse enrolled medical service providers for the cost of performing the covered services, provided these have been conducted in accordance with the algorithms approved by the MCSP (see Appendix J). Clients are responsible for paying for any other services or tests.

Please note that the MCSP is the <u>payer of last resort</u>. The MCSP will provide reimbursement for covered services only if no other source of payment is available to the client. Other available sources of payment include:

- private insurance (whole or partial payment)
- Medicare[1]
- Medicaid[2]
- Title X Family Planning
- other local private or public funded programs

<u>This means that reimbursement for screening services provided to men and women enrolled in Medicare Part B should be paid by Medicare, not by the MCSP.</u>

[1] If a client is eligible to receive Medicare benefits but is not yet enrolled in Medicare, please encourage them to enroll. General information about Medicare can be found at http://www.medicare.gov.

[2] For more information about Montana's Medicaid program, call 406-444-5900. General information on Medicaid can be found at http://www.hcfa.gov/medicaid.

Medicare Part B is an optional program that charges a monthly premium for enrollment. A person who cannot pay the premium to enroll in Medicare Part B and meets the MCSP income eligibility criteria is eligible to receive MCSP services.

MCSP will only reimburse for FOBT and FIT tests that have high sensitivity. (See Algorithm Appendix in Appendix J)

The following services will not be reimbursable:

- CT Colonography (or virtual colonoscopy) as a primary screening test.
- Computed Tomography Scans (CTs or CAT scans) requested for staging or other purposes.
- Surgery or surgical staging, unless specifically required and approved by the program's MAB to provide a histological diagnosis of cancer.
- Any treatment related to the diagnosis of colorectal cancer.
- Any care or services for complications that result from screening or diagnostic tests provided by the program.
- Evaluation of symptoms for clients who present for CRC screening but are found to have gastrointestinal symptoms.
- Diagnostic services for clients who had an initial positive screening test performed outside of the program.
- Management of medical conditions, including Inflammatory Bowel Disease (e.g., surveillance colonoscopies and medical therapy).
- Genetic testing for clients who present with a history suggestive of a Hereditary Non-Polyposis Colorectal Cancer (HPNCC) or Familial Adenomatous Polyposis (FAP).
- Use of propofol as anesthesia during endoscopy. If propofol is used during endoscopy procedures, reimbursement will be based on the rate for standard anesthesia.

B. Eligibility

1. General Criteria

The MCSP will provide screening services to men and women who meet all of the following criteria:

- are 50 through 64 years of age
- are uninsured or underinsured
- have a family gross income at or below 200 percent of the current Federal Poverty Level (FPL) scale (see the MBCHP Website, www.cancer.mt.gov, under Income Guidelines.)[3]

Clients must provide the information needed to determine eligibility on the MCSP "Eligibility and Enrollment" form (see Appendix J). If a person is ineligible for MCSP services, they should be referred to other community agencies that may be able to assist them.

[3]The Federal Poverty Level scale is updated each year.

If a client misrepresents their eligibility, the MCSP will deny reimbursement for screening services and refer the client to the health or social service agency that may be able to assist them.

2. Exception to the Age Criteria for Eligibility

a. Presuming a person is otherwise MCSP eligible; the following criteria for age will be used to determine eligibility for colorectal cancer screening and diagnostic funds:

- Persons 40-49 will be eligible for colorectal screening if they have a family history of polyps or CRC.

3. Additional Eligibility Guidelines for Colorectal Screening

a. Average Risk

Screening efforts should focus on people between the age of 50 and 64 years who are at average risk for CRC. Average risk is generally defined as:

- No personal or family history of CRC or adenomas
- No history of inflammatory bowel disease (Ulcerative Colitis or Crohn's Disease)
- No history of genetic syndromes such as Familial Adenomatous Polyposis (FAP) or Hereditary Non-Polyposis Colorectal Cancer (HPNCC).

At least 75% of program funds budgeted for screening services should be spent on screening individuals at average risk

b. Increased Risk

People at increased risk for CRC may be eligible for CRC screening or surveillance.

People at increased risk for CRC include those with:

- A personal history of adenomatous polyps on a previous colonoscopy,
- A personal history of colorectal cancer, or
- A family history of CRC or adenomatous polyps.

People at increased risk for CRC due to a personal history of adenomatous polyps or colorectal cancer are eligible for surveillance with colonoscopy only.

c. High Risk

People at high risk for CRC are not eligible for screening or surveillance services through the MCSP. People at high risk for CRC include those with:

- A genetic diagnosis of familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC),

- A clinical diagnosis or suspicion of FAP or HNPCC, or
- A history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).

People at high risk for CRC generally require genetic counseling and/or intensive clinical and surveillance services that are beyond the scope of this program.

People at high risk for CRC who present to the program for screening or surveillance services must be referred for appropriate services. Contractors will refer clients to other privately or publicly funded programs in their multi-county area.

d. Gastrointestinal symptoms

People with significant gastrointestinal symptoms are not eligible for screening services through the MCSP. Symptoms that would preclude eligibility for the program include, but are not limited to:

- Rectal bleeding, bloody diarrhea, or blood in the stool within the past 6 months (bleeding that is known or suspected to be due to hemorrhoids after clinical evaluation would not prevent a client from receiving CRC screening services),
- Prolonged change in bowel habits (e.g., diarrhea or constipation for more than two weeks that has not been clinically evaluated),
- Persistent abdominal pain, or
- Symptoms of bowel obstruction (e.g., abdominal distension, nausea, vomiting, severe constipation).
- Significant unintentional weight loss of 10% or more of starting body weight.

By definition, screening for colorectal cancer is testing for the presence of colorectal cancer or cancer precursors in the absence of symptoms. While gastrointestinal symptoms may be indicative of an underlying colorectal cancer or polyp, they may also be caused by many other conditions. People presenting with these symptoms need a complete evaluation by a clinician to determine the cause of their symptoms. This evaluation, and any potential subsequent treatment, is beyond the scope of this program. If a client has been medically evaluated and cleared for colorectal cancer screening, then the client may enroll in the program if all eligibility criteria are met.

When clients present with minor symptoms that may not preclude enrollment in the program, the program should consult with the medical service provider to determine if the client can be enrolled in the program, or if the client should be referred for clinical evaluation. Contractors will refer clients to other privately or publicly funded programs in their multi-county area.

C. Reporting Systems

1. Colorectal Screening and Diagnostic Tests

We recommend endoscopists follow the standardized colonoscopy reporting and data system (CO-RADS). [Gastrointest Endosc. 2007 May;65(6):757-66]

D. Tracking and Follow-up

1. General Requirements

The administrative sites, and enrolled medical service providers share equal responsibility for tracking and follow-up to ensure that all clients complete the required diagnostic exams as scheduled. Administrative site staff should discuss with enrolled medical service providers the procedures to be used and the role the site will play in the process.

a. Implement a referral, tracking, and follow-up system that covers—and documents—a client's initial screening through diagnosis and, if necessary, to initiation of treatment. ◆❖

b. Use a tracking and follow-up system to ensure that all clients complete the required diagnostic exams as scheduled and within the required timeframes.◆❖

c. At the first office visit, discuss with the client the procedures for notification of results. ❖

d. Report <u>all</u> test results to <u>all</u> clients within 10 working days of receiving results. ❖

e. Notify a client of test results either by telephone, office visit, or mail. Do <u>not</u> use any means of communication that cannot ensure confidentiality. Do not send test results to the client by postcard or fax, and do not leave results on an answering machine. ❖

f. Document all attempts to contact a client in the client's record.

g. Submit an itemized bill to Montana Medical Billing (see Appendix E). <u>This is required in order to receive reimbursement from the MCSP</u>. ❖

2. Additional Requirements for Normal Results

In addition to the above general requirements, tracking and follow-up requirements for <u>normal</u> screening and diagnostic results include:

a. Notify the client when rescreening is needed. Normal rescreening will occur based on MCSP guidelines and enrolled medical service provider recommendations. ◆❖

3. Additional Requirements for Abnormal Results

In addition to the above general requirements, tracking and follow-up requirements for <u>abnormal</u> screening and diagnostic results include:

a. Contact the client to discuss the type of follow-up needed, or schedule an appointment, and inform the client: ❖◆

- of the nature of the suspected disease
- of the need for further testing or follow-up care

- of the choices (if available) of referrals for definitive diagnostic procedures after screening procedures have been performed
- of the clients responsibility to obtain follow-up care

b. Indicate on the MCSP screening form that a workup is planned and complete the abnormal screening form. ◆❖

c. Supply any other information requested by the MCSP state office on clients with abnormal test results. □◆❖

The contractor will ensure that the client has been notified about abnormal results. Contact with the client's enrolled medical service provider will be documented in the client's record. ◆❖

4. Quality Assurance

a. Clients with positive or abnormal screening tests must receive appropriate diagnostic procedures as determined by the program and the MAB. Client with positive or abnormal FOBT or must receive a complete colon examination with colonoscopy.

b. Clients diagnosed with colorectal cancer, or other cancers or medical conditions, must be referred for appropriate treatment. The Commission on Cancer approved facilities in Montana will see clients diagnosed in the MCSP in their indigent care program.

c. The interval between initial screening and diagnosis of positive or abnormal screening results should be 90 days or less.

d. The interval between diagnosis and initiation of treatment for colorectal cancer should be 60 days or less.

e. Inadequate Bowel Prep:

- for screening or diagnostic colonoscopy: proceed as per endoscopist
  - Schedule repeat colonoscopy (covered by this program) with same bowel prep or alternative prep used (covered by this program) OR
  - Schedule for Double Contrast Barium Enema (covered by this program)
  - Requests for exceptions will be considered on a case by case basis

f. Failure to Reach the Cecum:

- for screening colonoscopy: proceed as per endoscopist
  - Schedule for repeat colonoscopy at interval per endoscopist (covered by this program) OR
  - When at least the splenic flexure is reached, consider the screening test as a flexible sigmoidoscopy and schedule for repeat endoscopy in 5 years (covered by this

program) plus an interval high-sensitivity FOBT/FIT every 3years (covered by this program).
  - Requests for exceptions will be considered on a case by case basis

- for diagnostic colonoscopy: proceed as per endoscopist
  - Schedule for repeat colonoscopy at interval per endoscopist (covered by this program) OR
  - Schedule for Double-Contrast Barium Enema (covered by this program) Note: CT colonography not covered by this program
  - Requests for exceptions will be considered on a case by case basis

g. Clients who have limited life expectancy as determined by the medical service provider may not benefit from screening. (The benefit from screening is not seen in trials until at least seven years later.) Contractors should facilitate opportunity for discussion between client and medical service provider to establish individual management plan.

h. Summary of Quality Indicators:

Proposed Indicator Type, Number and Description			**CDC Benchmark**
Screening Priority Population	1	Percent of new clients screened who are at average risk for CRC	≥ 75%
	2	Percent of average risk new clients screened who are aged 50 years and older	≥ 95%
Completeness of Clinical Follow-up	3	Percent of abnormal test results with diagnostic follow-up completed	≥ 90%
	4	Percent of diagnosed cancers with treatment initiated	≥ 90%
Timeliness of Clinical Follow-up	5	Percent of positive tests (FOBT/FIT) followed-up with colonoscopy within 90 days	≥ 80%
	6	Percent of cancers diagnosed with treatment initiated within 60 days	≥ 80%

5. Reporting of Complications

Medical complications experienced by clients who have received endoscopy (colonoscopy) either during, or within 30 days after the procedure, must be reported to the MCSP manager. Confirmed complications that result in an emergency room visit, hospitalization, or death will be reported to the CDC by the state office.

6. Re-screening

Administrative sites and enrolled medical service providers must implement a system for notifying clients who are due for yearly or short-term follow-up rescreenings. The system should include the following activities:

- Identify, on a monthly basis, which clients are due for rescreening. ◆❖
- Send reminders to clients regarding the need to schedule a rescreening 4 to 6 weeks prior to the screening due date. ◆❖
- Upon rescreening, update the client's record to verify her eligibility and obtain clients signature on the "Informed Consent and Authorization to Disclose Health Care Information" form (see Appendix B). ◆❖
- If rescreening does not occur, document in the client's record the reason why. ◆❖

7. Clients "Lost to Follow-up"

Before considering a client "lost to follow-up" the administrative site and/or contract partner site must:

a. Make three attempts to contact a client. The first two attempts may be by phone or writing, ◆

b. The third or final attempt must be a letter sent by certified mail with a return receipt requested. ◆

c. Complete all attempts to contact a client within 6 weeks of receiving notice of abnormal results. ◆

d. Indicate on the MCSP data collection forms "lost to follow up" under "Status of Final Diagnosis" when a client does not respond to contact attempts regarding the need for further diagnostic tests, or when a client dies or moves before workup is started. ◆

e. Indicate on the MCSP data collection forms "lost to follow up" under "Status of Treatment" when a client does not respond to contact attempts regarding the need for treatment or when a client dies or moves before treatment is initiated. ◆

8. Client Refusal of Follow-up Tests or Treatment

If a client with an abnormal test result (suspicious for cancer) refuses diagnostic tests or treatment, the "MCSP Acknowledgement of Refusal to Consent to Diagnostic Tests or Treatment" form must be completed by the medical service provider and signed by the client. Administrative site case managers will act as a liaison to the client and provider if necessary (see Appendix A). ◆❖

- Indicate on the MCSP data collection forms "Refused" under "Status of Final Diagnosis" when a client refuses to obtain further diagnostic tests, or severs their relationship with the MCSP.
- Indicate on the MCSP data collection forms "Refused" under "Status of Treatment" when a client refuses to initiate treatment, or severs their relationship with the MCSP.

E. Clients Who Move

1. Within Montana

When a client moves within Montana, the administrative site will refer the woman to the site nearest to her new residence. It is the client's responsibility to contact the new site for subsequent services, if needed, and to sign a copy of the "Informed Consent and Authorization to Disclose Health Care Information" form for release of medical information. ◆

The original administrative site must:

- notify the MCSP state office that the client has moved. ◆
- either provide the client with copies of their screening results, or obtain the client's permission in writing to forward screening results as indicated by the client's request. ◆

2. To Another State

When a client moves to another state, the original administrative site must:

- notify the MCSP state office that the client has moved. ◆
- either provide the client with copies of screening results, or obtain the client's permission in writing to forward screening results as indicated by the client's request. ◆
- contact the MCSP state office for a list of contacts in the state to which the client is moving. Provide the client with this contact information or obtain written permission to forward screening results as indicated by the client's request. ◆